



**American Cancer Society
Cancer Action Network**
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March 21, 2018

The Honorable Mike Shirkey
Chairman, Michigan Senate Competitiveness Committee
201 Townsend Street
Lansing, MI 48933

Dear Chairman Shirkey,

The American Cancer Society Cancer Action Network (ACS CAN), writes to express our concerns about legislation that has been introduced in the Michigan Senate, that would require able-bodied adults enrolled in the medical assistance program to meet various work requirements as a condition of eligibility for health care coverage. ACS CAN is the nonprofit, nonpartisan advocacy affiliate of the American Cancer Society, and supports evidence-based policy and legislative solutions designed to eliminate cancer as a major health problem. As the nation's leading advocate for public policies that are helping to defeat cancer, ACS CAN ensures that cancer patients, survivors, and their families have a voice in public policy that matters at all levels of government.

Over 56,590 Michiganders are expected to be diagnosed with cancer this year – many of whom are receiving health care coverage through the Michigan Medicaid program.¹ Evidence demonstrates that individuals with lower socio-economic status (income, education and insurance status) have higher cancer incidence and higher death rates.² Overwhelmingly, these populations have less access to quality and comprehensive health care coverage, including prevention and early detection services and treatment. The coverage, benefits and services provided through Medicaid helps to improve access and utilization of preventive care, leads to increased early detection of cancers, and results in better health outcomes and survival rates for patients and survivors.^{3,4,5,6,7} The Medicaid program helps low-income cancer patients and survivors manage their disease, maintain a good quality of life, and improve their financial situation.⁸ For these and many other reasons, Medicaid is a critical safety-net in the fight against cancer, especially for low-income cancer patients and survivors receiving health care coverage through the program.

ACS CAN believes that work and job training requirements, like those included in Senate Bill 897, could negatively impact the adult Medicaid population, including cancer patients, survivors, and those who will be diagnosed with cancer in their lifetime. Many cancer patients in active treatment are often unable to work or require significant work modifications due to their treatment.^{9,10,11} Research suggests that between 40 and 85 percent of cancer patients stop working while receiving cancer treatment, with absences from work ranging from 45 days to six months depending on the treatment.¹² Imposing a work or job training requirement, as a condition of eligibility, could result in a significant number of cancer patients, recent survivors, and many other individuals managing serious, chronic illnesses being denied access to the timely, appropriate and lifesaving health care and treatment services provided through the state's Medicaid program.

States proposing similar regulatory proposals estimate that between 15 and 50 percent of the "able-bodied" adult population could lose their Medicaid eligibility as a result of the work or job training requirements.^{13,14} This is especially concerning, as cancer patients and recent survivors could be among those individuals who lose

access to health care coverage. Losing access to health care coverage could make it difficult or impossible for an individual to have their cancer diagnosed at an earlier, more treatable stage. For a patient who is mid-treatment, a loss of health care coverage could seriously jeopardize their chance of survival. Being denied access to one's cancer care team could be a matter of life or death for a cancer patient or survivor and the financial toll that the coverage loss would have on individuals and their families could be devastating.

Meeting the program reporting requirements associated with seeking or maintaining work could be overly challenging for cancer patients and survivors - and others with chronic diseases - due to ongoing symptom management. Those with symptoms from disease or accompanying treatment including, nausea, fatigue or numbness in extremities can find it challenging to complete even the most basic daily tasks, let alone more demanding reporting requirements, job training and job search responsibilities.

The preservation of eligibility and coverage through the state's Medicaid program remains critically important for many low-income Michigan residents who depend on the program for cancer prevention, early detection, diagnostic, and treatment services. If enacted, Medicaid work requirements could result in those with a history of cancer, those at risk for cancer, or other serious diseases being unable to access the only safety net coverage option available. We ask you to weigh the impact that this legislation may have on low-income Michiganders access to prevention and early detection services as well as lifesaving health care coverage, particularly for those individuals with cancer, cancer survivors, and those who will be diagnosed with cancer during their lifetime.

Based upon the evidence-based conclusions stated above, ACS CAN opposes tying access to affordable health care for low-income persons to work or job training requirements because cancer patients, survivors, and those who will be diagnosed with the disease - as well as those with other complex chronic conditions - could be seriously disadvantaged by such policies and find themselves ineligible for any affordable health care coverage. We ask you to oppose this legislation and any other legislation that would condition eligibility for the program on participation in work or job training activities.

Maintaining access to quality, affordable, accessible, and comprehensive health care coverage and services is a matter of life and survivorship for thousands of low-income cancer patients and survivors, and we look forward to working with you to ensure that all Michigan residents are positioned to win the fight against cancer. If you have any questions, please feel free to contact me at andrew.schepers@cancer.org or (517) 664-1312.

Sincerely,



Andrew R. Schepers
Michigan Government Relations Director
American Cancer Society Cancer Action Network (ACS CAN)

c: Members of the Michigan Senate

¹ American Cancer Society. *Cancer Facts & Figures 2018*. Atlanta, GA: American Cancer Society; 2018.

² Ibid.

³ Aparna Soni, Kosali Simon, John Cawley, Lindsay Sabik, "Effect of Medicaid Expansions of 2014 on Overall and Early-Stage Cancer Diagnoses", *American Journal of Public Health* 108, no. 2 (February 1, 2018): pp. 216-218.

⁴ Fox J, Shaw, F. Morbidity and Mortality Weekly Report. July 17, 2015, <<http://www.cdc.gov/mmwr/pdf/wk/mm6427.pdf>>

⁵ Dehkordy, SF, Hall, K, West, B, et al.. "Medicaid Expansion Improves Breast Cancer Screening for Low Income Women." November 30, 2015. <https://www2.rsna.org/timssnet/Media/pressreleases/14_pr_target.cfm?id=1849>

⁶ Adams E, Chien LN, Florence CS, et al. "The Breast and Cervical Cancer Prevention and Treatment Act in Georgia: effects on time to Medicaid enrollment." *Cancer*. March 15, 2009; 115(6):1300-9.

⁷ Ungar, Laura. "More KY Medicaid Patients Get Preventative Care." *Courier Journal*. August 7, 2015. Web <<http://www.courier-journal.com/story/life/wellness/2015/08/05/preventive-care-rises-among-kentucky-medicaid-patients/31190973/>>

⁸ Finkelstein A, Taubman S, Wright B, Bernstein M, Gruber J, et al. The Oregon health insurance experiment: evidence from the first year. *The Quarterly Journal of Economics*. 2012; 127(3): 1057-1106

⁹ Whitney RL, Bell JF, Reed SC, Lash R, Bold RJ, Kim KK, et al. Predictors of financial difficulties and work modifications among cancer survivors in the United States. *J Cancer Surviv*. 2016; 10:241. doi: 10.1007/s11764-015-0470-y.

¹⁰ de Boer AG, Taskila T, Tamminga SJ, et al. Interventions to enhance return to work for cancer patients. *Cochrane Database Syst Rev*. 2011; 16(2): CD007569. doi: 10.1002/14651858.CD007569.pub2.

¹¹ Stergiou-Kita M, Pritlove C, van Eerd D, Holness LD, Kirsh B, Duncan A, Jones J. The provision of workplace accommodations following cancer: survivor, provider, and employer perspectives. *J Cancer Surviv*. 2016; 10:480. doi:10.1007/s11764-015-0492-5.

¹² Ramsey SD, Blough DK, Kirchhoff AC, et al. Washington State Cancer Patients Found to be at Greater Risk for Bankruptcy than People Without a Cancer Diagnosis," *Health Affairs*, 32, no. 6, (2013): 1143-1152.

¹³ Wisconsin Badger Care Reform, June 7, 2017, <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/wi/wi-badgercare-reform-pa.pdf>.

¹⁴ Ohio Department of Medicaid Group VIII Work Requirement and Community Engagement 1115 Demonstration Waiver, <http://medicaid.ohio.gov/Portals/0/Resources/PublicNotices/GroupVIII/Detail-GroupVIII-021618.pdf?ver=2018-02-16-092910-683>.

